We claim:

1. A method of determining a prognosis of a patient diagnosed with a non-ST-elevation acute coronary syndrome, the method comprising:

determining a level of B-type natriuretic peptide (BNP) in a sample obtained from said patient; and

correlating said BNP level to said patient prognosis by determining if said BNP level is associated with a predisposition to an adverse outcome of said non-ST-elevation acute coronary syndrome.

2. A method according to claim 1, wherein said adverse outcome is selected from the group consisting of death, myocardial infarction, and congestive heart failure.

3. A method according to claim 1, wherein said correlating step comprises comparing said BNP level to a threshold BNP level, whereby, when said BNP level exceeds said threshold BNP level, said patient is predisposed to said adverse outcome.

4. A method according to claim 3, wherein said threshold BNP level is at least about 80 pg/mL.

5. A method according to claim 1, wherein said sample is selected from the group consisting of a blood sample, a serum sample, and a plasma sample.

6. A method according to claim 1, further comprising correlating said BNP level with one or more additional prognostic markers associated with said patient, whereby the combination of said BNP level with said additional prognostic marker(s) increases the predictive value of said BNP or related marker level for said adverse outcome.

7. A method according to claim 6, wherein one of said prognostic marker(s) is a cardiac-specific troponin isoform concentration in a sample obtained from said patient.

8. A method according to claim 1, further comprising determining a level of cardiac-specific troponin I in a sample obtained from said patient, and correlating both said BNP level

and said cardiac-specific troponin I level to said patient prognosis, whereby the combination of said BNP level with said cardiac-specific troponin I level increases the predictive value of said BNP level for said adverse outcome.

9. A method of determining a prognostic panel consisting of a plurality of prognostic markers that predict an increased risk of an adverse outcome in a patient diagnosed with a non-ST-elevation acute coronary syndrome, the method comprising:

determining a first prognostic marker comprising a level of BNP that is associated with a predisposition to said adverse outcome; and

determining one or more second prognostic markers that increase the predictive value of said first prognostic marker for said adverse outcome.

10. A method of determining a treatment regimen for a patient diagnosed with a non-ST-elevation acute coronary syndrome, the method comprising:

determining a level of BNP in a sample obtained from said patient;

correlating said BNP level to a predisposition to an adverse outcome of said non-ST-elevation acute coronary syndrome; and

determining a treatment regimen that reduces said predisposition to said adverse outcome.

11. A method of determining a prognosis of a patient diagnosed with a non-ST-elevation acute coronary syndrome, the method comprising:

determining a level of a marker related to BNP in a sample obtained from said patient; and

correlating said BNP-related marker level to said patient prognosis by determining if said BNP-related marker level is associated with a predisposition to an adverse outcome of said non-ST-elevation acute coronary syndrome.

12. A method according to claim 11, wherein said adverse outcome is selected from the group consisting of death, myocardial infarction, and congestive heart failure.

13. A method according to claim 11, wherein said correlating step comprises comparing said BNP-related marker level to a threshold BNP-related marker level, whereby, when said BNP-related marker level exceeds said threshold BNP-related marker level, said patient is predisposed to said adverse outcome.

14. A method according to claim 13, wherein said threshold BNP-related marker level is at least about 80 pg/mL.

15. A method according to claim 11, wherein said sample is selected from the group consisting of a blood sample, a serum sample, and a plasma sample.

16. A method according to claim 11, further comprising correlating said BNP-related marker level with one or more additional prognostic markers associated with said patient, whereby the combination of said BNP-related marker level with said additional prognostic marker(s) increases the predictive value of said BNP-related marker or related marker level for said adverse outcome.

17. A method according to claim 16, wherein one of said prognostic marker(s) is a cardiac-specific troponin isoform concentration in a sample obtained from said patient.

18. A method according to claim 11, further comprising determining a level of cardiac-specific troponin I in a sample obtained from said patient, and correlating both said BNP-related marker level and said cardiac-specific troponin I level to said patient prognosis, whereby the combination of said BNP-related marker level with said cardiac-specific troponin I level increases the predictive value of said BNP-related marker level for said adverse outcome.

19. A method of determining a prognostic panel consisting of a plurality of prognostic markers that predict an increased risk of an adverse outcome in a patient diagnosed with a non-ST-elevation acute coronary syndrome, the method comprising:

determining a first prognostic marker comprising a level of a marker related to BNP that is associated with a predisposition to said adverse outcome; and

determining one or more second prognostic markers that increase the predictive value of said first prognostic marker for said adverse outcome.

20. A method of determining a treatment regimen for a patient diagnosed with a non-ST-elevation acute coronary syndrome, the method comprising:

determining a level of a marker related to BNP in a sample obtained from said patient;

correlating said BNP-related marker level to a predisposition to an adverse outcome of said non-ST-elevation acute coronary syndrome; and

determining a treatment regimen that reduces said increase predisposition to said adverse outcome.

21. A method according to any one of claims 11-20, wherein said BNP-related marker is NT pro-BNP.